

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/552283 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1			1		1			51			
2		1			1					52			
3		2			1					53			
4		1			1					54			
5		2			1					55			
6		2			1					56			
7		2			1					57			
8		2			1					58			
9		2			1					59			
10		2			1					60			
11					1					61			
12					1					62			
13					1					63			
14					1					64			
15					1					65			
16					2					66			
17										67			
18										68			
19										69			
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44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.		↓	1	↓			↓			TOTAL IND.	↓	↓	↓
TOTAL DEP.		←	16	←			←			TOTAL DEP.	←	←	←
TOTAL CLAIMS			17							TOTAL CLAIMS			

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